

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 741439-13
<p style="text-align: center;">CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 571-273-8300</p> <p>Signature: _____</p> <p>Name: _____</p>	In re Application of Marcel NAAS	
	Application Number 10/828,497 Filed 04/21/2004	
	For CONTROLLING RESOURCE GROUP TRANSFERS FOR REPO BASKET TRANSACTION SYSTEMS	
	Group Art Unit 3692	Examiner Shahid R. Merchant
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460) <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230) </div> <div style="width: 25%; text-align: right;"> \$ <u>120.00</u> \$ _____ \$ _____ \$ _____ \$ _____ </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> A check to cover the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u>. I have enclosed a duplicate copy of this sheet. </div> <p style="margin-top: 10px;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 50,219</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; text-align: center;"> <u>/Marc W. Butler, Reg. No. 50,219/</u> Signature <u>Marc W. Butler</u> Typed or printed name </div> <div style="width: 45%; text-align: center;"> <u>April 24, 2008</u> Date <u>202-585-8000</u> Telephone Number </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>		
<input type="checkbox"/> Total of _____ forms are submitted.		